

FILING NO. \_\_\_\_\_

VETERAN – YES \_\_\_\_\_

FILING DATE \_\_\_\_\_

NO \_\_\_\_\_

**APPLICATION FOR EXAMINATION  
YOUNGSTOWN CIVIL SERVICE COMMISSION**  
26 SOUTH PHELPS STREET, CITY HALL 7TH FLOOR  
YOUNGSTOWN, OHIO 44503

YOUR ELIGIBILITY WILL BE DETERMINED BY THE INFORMATION YOU PROVIDE ON THIS APPLICATION. FAILURE TO ANSWER EVERY ITEM TRUTHFULLY AND COMPLETELY MAY JEOPARDIZE YOUR OPPORTUNITY FOR EMPLOYMENT OR MAY CONSTITUTE GROUNDS FOR DISMISSAL AFTER EMPLOYMENT. PLEASE WRITE "N/A" IF AN ITEM DOES NOT APPLY TO YOU. PLEASE TYPE OR PRINT IN INK.

<b>GENERAL INFORMATION</b>	LAST NAME:	FIRST NAME	MIDDLE INITIAL	
	_____	_____	_____	
	PRESENT STREET ADDRESS:		SOCIAL SECURITY NUMBER	
	_____		____ - ____ - ____	
	CITY	STATE	ZIP CODE	
	_____	_____	_____	
	TELEPHONE NO.	CELL/MOBILE TELEPHONE (OPTIONAL)	ARE YOU A U.S. CITIZEN?	
	( ) _____	( ) _____	YES _____ NO _____	

  

<b>EDUCATION</b>	HIGH SCHOOL NAME _____ LOCATION _____				
	DID YOU GRADUATE? YES _____ NO _____ G.E.D. CERTIFICATE? YES _____ NO _____				
	COLLEGE, VOCATIONAL, TRADE, OR BUSINESS SCHOOLS	LOCATION	DATES ATTENDED Mo. /Yr. to Mo./Yr.	MAJOR	TYPE OF DEGREE OR CERTIFICATE

  

<b>QUALIFICATIONS</b>	LIST ANY SPECIAL QUALIFICATIONS OR LICENSES (exclude driver's license).	
	<u>TYPE OF LICENSES</u>	<u>EXPIRATION DATE</u>
	_____	_____
	_____	_____
	Have you ever been denied a driver's license or had your driver's license suspended or revoked? YES _____ NO _____	
	If yes, explain fully: _____	
	_____	

<b>MILITARY</b>	Have you ever served in the U.S. Armed Forces? Yes _____ No _____
	Branch of Military Service _____ Dates Served: From _____ To _____
	Did you serve at least 180 days of consecutive <b>Active</b> Duty Service? Yes _____ No _____
	If yes, were you honorably discharged? Yes _____ No _____
	Present Reserve Status: Active _____ Inactive _____

<b>EMPLOYMENT AND EXPERIENCE</b>	<b>LIST YOUR EMPLOYMENT RECORD BEGINNING WITH YOUR MOST RECENT POSITION. INCLUDE PERIODS OF UNEMPLOYMENT. IF MORE SPACE IS NEEDED, ATTACH A SEPARATE SHEET.</b>		
	WOULD YOU OBJECT TO THE CITY CONTACTING YOUR PRESENT EMPLOYER? YES _____ NO _____		
	_____ TO _____ MONTH YEAR MONTH YEAR  _____ per _____ HRS. WEEK SALARY	EMPLOYER	YOUR TITLE AND DUTIES
		ADDRESS	
		PHONE NO.	
		SUPERVISOR	REASON FOR LEAVING
	_____ TO _____ MONTH YEAR MONTH YEAR  _____ per _____ HRS. WEEK SALARY	EMPLOYER	YOUR TITLE AND DUTIES
		ADDRESS	
		PHONE NO.	
		SUPERVISOR	REASON FOR LEAVING
	_____ TO _____ MONTH YEAR MONTH YEAR  _____ per _____ HRS. WEEK SALARY	EMPLOYER	YOUR TITLE AND DUTIES
		ADDRESS	
		PHONE NO.	
		SUPERVISOR	REASON FOR LEAVING
	_____ TO _____ MONTH YEAR MONTH YEAR  _____ per _____ HRS. WEEK SALARY	EMPLOYER	YOUR TITLE AND DUTIES
		ADDRESS	
		PHONE NO.	
		SUPERVISOR	REASON FOR LEAVING
	<b>Have you ever been terminated or disciplined while in a position listed above? YES _____ NO _____ If yes, state circumstances.</b> _____		

*I hereby certify that the statements I have made on this application are true and complete to the best of my knowledge. I understand that any false or incomplete answer may be grounds for disqualification or dismissal. I understand that I may be required to verify all information given on this application. I understand that I must notify the Civil Service Office of any change in name, address, or telephone number or any other pertinent information. Any person found guilty of any fraud whatsoever in connection with a Civil Service Examination shall be guilty of a misdemeanor and shall, upon conviction thereof, be punished by a fine of not less than fifty (\$50) dollars nor more than five hundred (\$500) dollars or be imprisoned for a term not exceeding six months, or by both such fine and imprisonment.*

*Signature* \_\_\_\_\_ *Date* \_\_\_\_\_